

ROSTER OF PARTICIPANTS—FOR VENDOR USE ONLY—35/40 HOUR INITIAL OR CEU COURSES
ADMINISTRATOR CERTIFICATION PROGRAM

- Provide the information requested below for all participants who have **completed** the required hours of classroom instruction.
- Mail a copy of this roster within **5 days** of completion of required classroom instruction to the Administrator Certification Section at:
744 "P" Street, M.S. 19-47, Sacramento, CA 95814
- Mail the original of this completed roster to the District Office for testing purposes. Please submit a **separate** roster for each course program type.

(1) Course Program Type (*Check one box*):

- ☐ **RCFE Initial 40-Hour Course**
☐ **ARF Initial 35-Hour Course**
☐ **GH Initial 40-Hour Course**
- ☐ **RCFE CEU**
☐ **ARF CEU**
☐ **GH CEU**

(2) Vendor Name

(3) Vendor #

(4) Date

(5) Course Name

(6) CEU Course #

Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License #
Address		City	Zip Code	Phone Number
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License #
Address		City	Zip Code	Phone Number
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License #
Address		City	Zip Code	Phone Number
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License#
Address		City	Zip Code	Phone Number
Last Name of Participant	First Name of Participant	Middle Initial	Location of Course	Facility Name or Facility License#
Address		City	Zip Code	Phone Number
(7) Name of Authorized Representative		(8) Title of Authorized Representative		(9) Signature of Authorized Representative
				(10) Date